

THE
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MEDICAL AND SURGICAL
REPORTER:

A WEEKLY JOURNAL.

S. W. BUTLER, M. D., }
W. B. ATKINSON, M. D., } EDITORS.

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PHILADELPHIA:
PUBLISHED FOR THE EDITORS.
1858.

HOW OUR WEEKLY IS RECEIVED.

EXTRACTS FROM CORRESPONDENCE.

Morristown, N. J., Oct. 16th, 1858.

"I have received two numbers of the MEDICAL AND SURGICAL REPORTER in its new form and dress, and am much pleased with its style, independence and practical character. I consider it a valuable journal for the medical practitioner."

Abingdon, Ill., Oct. 14th, 1858.

"I am extremely happy that you have effected the change in your—our—periodical, (for you are not the only owner of it,) from a Monthly to a Weekly. I was going to subscribe to the *Boston Medical and Surgical Journal* at the commencement of the coming year, in order to supply a want I had often felt; but as the REPORTER has the advantage in point of location, and having the interest of the profession at heart, I shall cheerfully support it, and welcome it as I have heretofore done, as the most pleasant face to my table."

Baltimore, Md., Oct. 13th, 1858.

"By issuing your journal in a weekly form it will truly enhance its value greatly. I trust that it will remunerate you sufficiently for the laudable change."

Hagerstown, Ind., Oct. 8th, 1858.

"Please send me half a dozen copies of your 'Student's Number,' and I will try what I can do with brethren by way of subscription. I like the plan, and hope the weekly may succeed."

New Haven, Conn. Oct. 12th, 1858.

"I am much pleased with the new form in which the REPORTER has appeared. I shall now read it more thoroughly than I have done heretofore, for the reason that it is more convenient for me to peruse a short weekly number than a large one at longer intervals."

Darlington, Md., Oct. 7th, 1858.

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Containing a Classification of Diseases, with their distinguishing symptoms, complications, etc.; an Alphabetical List of Remedial Agents, with their medical properties, preparations, and doses; a Classified List of Poisons, with their symptoms and antidotes; Marshall Hall's Ready Method in Asphyxia; Examples of Extemporaneous Prescriptions, etc., etc. To which are added blank pages, so arranged that wherever we open, on the left-hand page are blanks for the record of daily visits, and on the right for symptoms and treatment.

The plan of the work is such, in the present issue, that the patient's name requires to be but once written for the whole year: and though the book is smaller than last year by over fifty pages of blank matter, the physician's purposes are better served, and a larger business can be recorded. There are two sizes, the same as last year, at \$1 25, \$1 50. W. A. Townsend & Co., Publishers, 377 Broadway, New York.

N. B.—The book ordered of the author, No. 68 West 26th Street, New York, will be sent to any part of the country postage paid, on the reception of the price in current funds or postage stamps.

THE MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, } PHILADELPHIA, NOVEMBER 26, 1858. { NEW SERIES,
NO. 110. } VOL. I. NO. 2.

Original Communications.

[THE following communication from the pen of a practitioner of age and standing, we commend to the notice of our readers. It discusses a subject which we have presented to their consideration on several occasions, and we trust that it will continue to be discussed, until the organized portion at least, of the profession, take such measures as will remove the evils which are complained of.—
EDS. MED. AND SURG. REP.]

To what Cause are we to attribute the diminished respectability of the Medical Profession in the estimation of the American Public?

MESSRS. EDITORS: Permit me, through your columns, to present a few truths for the consideration of your readers. Did I not consider the subject of vital importance to the interests of the profession, no cacoëthes scribendi could have induced me to take up my pen. Without further apology, I propound the question, *To what cause are we to attribute the diminished respectability of the medical profession in the estimation of the American public?*

That such, in fact, is the present position of the profession admits of no dispute. Compare the standing of the profession now-a-days with what it was even forty or fifty years ago. Medicine was then considered one of the most dignified of the learned professions, and physicians treated with that courtesy to which they were so well entitled. Physicians were the gentlemen, and in their intercourse with each other, their *esprit de corps*, their punctilious regard to etiquette, they manifested their worthiness of their high position. "But

how art thou fallen, O Lucifer, son of the morning!" An aged physician, who is still in the harness, observed to me a few weeks since, "Medicine is now-a-days but a small affair." What adverse causes have been operative in this great change? It will not certainly be urged that there is less learning and less intelligence in the profession than in by-gone days. Physicians are now confessedly, better educated, have better training, more extensive and varied knowledge than in days of yore. I must, however, qualify this admission. The facility with which doctors are made now-a-days has crowded the ranks with many unworthy aspirants. During that period, in the State in which I reside, when examinations for licensure were had before the District Medical Societies, I have sometimes been astonished at the modicum of mental furniture which some of the young men possessed; these men, too, had their diplomas. With these exceptions, I admit that physicians of the present day are in advance of their predecessors. Yet in the position which they occupy in society they are far behind them.

It will be my object, in the prosecution of this subject, to point out some of the causes which have operated in bringing about this state of things. Perhaps one great reason of this state of things is the fact that the profession of medicine, as well as that of law, is greatly overstocked; and it is a natural consequence, that where there is an excess of a commodity in the market, its value should be proportionably diminished. Every little hamlet has now two or three physicians, where one physician, forty years ago, did the entire practice of half a dozen such hamlets with their surroundings.

In the further investigation of this subject, I will, however, look no further into outside influences, and will pass by charlatanry and its countless *pathies*, and look among the ranks of the profession itself for its present low position.

I could enumerate a great number of causes which have been operative in producing the present standing of the profession. I will, however, at present notice but three. These are, intemperance, undercharging, and attending families by the year at a stipulated charge.

1. *Intemperance*.—I could, under this head, "many a tale unfold," which would mantle the cheek with a blush, and suffuse the eye with a tear, at the frailties of fallen humanity, but disinclination and the limits of a "weekly" both forbid the attempt. Suffice it to say, that the "drunken doctor" has been powerfully influential in lowering the estimation of the medical profession.

2. *Undercharging*.—Whilst I would deprecate exorbitant charging for professional services, I maintain that the medical man should be amply remunerated for his labors. This item of *mean undercharging has done much to lower the profession in the estimation of outsiders*. Indulge me in a few *anecdotal illustrations*. About forty years since, I was called to a family in good circumstances, to reduce a dislocation of the humerus in a young man of the household. I charged five dollars for my services. I was reminded that Dr. B——, a young physician, and nearer to them by two miles, had a few years since reduced a similar dislocation for this same young man, and charged twenty-five cents! I did not, however, abate one cent on my charge, and I retained the practice of that family for years after—even until death broke up the household.

I was the family physician of Mr. V——. He was possessed of ample fortune. At one of my professional visits he told me that he had sent some time since for Dr. —, to visit his negro man. He had given him a dose of salts before sending for the doctor, who on his

arrival told him that "as he had begun with salts he might as well keep on with them." What is to pay, doctor? "About two and sixpence,"—thirty-one cents. The doctor came about three miles. The old gentleman laughed very heartily whilst relating this anecdote. Had the doctor charged him one dollar, he would have thought a great deal better of him. I came further, but charged him from one dollar and fifty cents to one dollar and seventy-five cents for every visit. I retained this man's practice for years.

Towards the close of an attendance of ten or twelve days, in a family of ample means, in consultation with Dr. —, I told the doctor that there should be some correspondence in our charges, and asked him what he had intended charging for his services. He "thought that about five shillings (sixty-two and a half cents,) would be a fair charge!" This gentleman is a graduate of the University of Pennsylvania, and has a very large practice; *cui bono?* I told him that I should charge three dollars for my first visit, and two dollars for every subsequent visit, making my charge over twenty dollars. Whether the doctor altered his mind, and added to his intended charge, I know not.

In all these instances, my charging higher than the others did me no injury. It has not always been so. A mechanic who is able to pay, and whose family I had always attended, observed that he had nothing against me, but liked me very well, but I charged him one dollar for coming two miles, whilst Dr. —, who came four miles, charged him only five and six shillings for a visit. This policy of low charging by the doctor has got him a number of families which I formerly attended. I do not think it, however, to his credit, and he will in time realize it to be a losing concern. About one-third of a doctor's bills he may count upon as lost. A man commencing by undercharging, will always find it difficult to raise his charges.

3. The last head that I intend noticing, which has had an influence in demeaning our

profession in the public estimation, is that of *attending families by the year, at a stipulated rate*,—in almost every instance a very inadequate one. I have ever considered the hiring out of myself to the lowest bidder, to be so unworthy of the profession which I have espoused, that I have never in a single instance, in a practice extending over forty-seven years, contracted with a family by the year. I have considered it not only disreputable, but unfair. Neither party are ever satisfied. Should there be but little sickness, the family are dissatisfied; should there be much sickness, the doctor is not contented. I recollect an instance where a young doctor, in his anxiety after practice, contracted to attend a family for five dollars a year. The season became sickly, and this family suffered largely. The attendance upon them, with moderate charging by the physician, would have been over fifty dollars. This family were in good circumstances. In the way of contracting by the year, the stipulation to be paid the doctor has generally been about five dollars per family. Can any influence act more unfavorably upon the interests of the profession than this? The doctor not only injures himself and his family, but seriously injures the profession. I was very much gratified that our District Medical Society took action on this subject, and declared, by a unanimous vote, that they considered it disreputable in its members to contract to attend upon families by the year for a stipulated amount.

To the foregoing causes, which have operated so prejudicially on the interests of the profession, I could add many more. But perhaps I have written enough: *verbum sapientibus*. I think I have pointed out the mine from which, if the fuse which is now burning be not speedily brushed away, a most fearful explosion is inevitable. The remedy lies within ourselves. Let physicians be true to themselves and to their profession, and both will remain unscathed.

Truly yours,

PROBE.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

SATURDAY, NOV. 13.

Service of Dr. Wood.

Reported by T. A. DENNE, M. D.

CIRRHOSIS OF LIVER.

A case of great interest, as regards diagnosis, was presented in a patient whose abdomen was much distended, and lower limbs enlarged.

This enlargement of the abdomen might result from collection of gas or of water in that cavity; if there is gas in the abdomen, percussion will give a clear, tympanitic sound; if water, a flat sound: in this case, percussion gives a flat sound, there is, therefore, very probably, liquid in the cavity of the abdomen. To confirm this opinion, upon gently striking one side of the abdomen, a wave-like motion is felt by the hand placed upon the other side; the slight blow agitates the liquid, and the fluctuations are felt and seen.

But the limbs are also enlarged, and upon pressure they pit; this is indicative of dropsy of the cellular tissue, perceptible, as a general rule, in the lower extremities, in consequence of the fluid gravitating to the most dependent portion of the body.

Is there effusion into any other of the cavities of the body? Upon percussion over the lungs a flat sound is elicited, varying in its situation as the patient changes from a recumbent to a sitting position; there is, therefore, liquid in both pleural cavities.

How is the pericardial cavity? Upon percussion we find an increased area of dullness over the heart. This dullness may be owing to hypertrophy of the heart, or to effusion into the pericardial cavity; the probability is that it is owing to effusion.

Auscultation will settle the question; for if there is hypertrophy of the heart, the sounds of that organ will be louder and stronger; if, however, effusion, the sound will be dull, muffled, which is here the case.

What is the cause of this ascites, (dropsy of the abdomen,) and the anasarca, (dropsy of the cellular tissue)?

Our first attention is directed to the kidneys; the urine, however, is normal, presenting no traces of albumen. We suppose the kidneys to be healthy. Upon auscultating the upper cardiac region, I detect a murmur; this implies disease of the semilunar valves. There

might also be mitral disease, but the sounds are so muffled that it is impossible to tell.

In consequence of this valvular disease, the circulation of the blood is impeded, venous congestions occur, and, at the same time, a defective supply of arterial blood goes to the organs, which in consequence suffer, and in turn the blood becomes watery; hence the anæmia so marked in most cases of heart disease: in consequence of the venous congestions there is a tendency to effusion, which is increased by the anæmic state of the blood. Therefore, one cause of this dropsy is disease of the heart: this is the cause, then, of the anasarca.

But what is the cause of the ascites—of the enlarged abdomen?

The liver is almost always the source of ascites, when depending upon disease of some one organ.

Is the liver enlarged in this case? How will you tell this? By percussion? The sound over the liver is flat, but over the abdomen we have a perfectly flat sound, in consequence of the effusion, and from the same cause we have a flat sound over the right lung.

Here is a practical point: let the patient lie upon his left side, the fluid will gravitate to the lowest point, and we will find the upper portion of the abdomen tympanitic, (in consequence of the intestines being buoyed up,) if the liver is not enlarged.

This is the case here, the liver is not enlarged, on the contrary, the clear tympanitic sound extends upwards, even beneath the ribs, where there should be dullness; the liver is, therefore, *diminished in size*.

There is an affection of the liver, in which that organ is diminished in size, and which is almost always accompanied with dropsy of the abdomen: this affection is cirrhosis of the liver.

Prognosis.—As many cases, so many deaths.

Treatment.—Tonics and iron for the blood, whilst potass. bitart., in infusion of juniper berries, is given as a diuretic.

PARALYSIS.

Another interesting case was presented. Some time ago, the patient, a middle aged man, suffered from diarrhoea, after the cure of which, he suffered greatly from pain in the back and the abdomen. This is all that could be learned of this man's history.

Upon examination, we find all his limbs palsied, not completely powerless, but very nearly so. This is a case of palsy, general in extent,

partial in degree. There is no facial or lingual paralysis.

What is the cause of the paralysis? It is either cerebral or spinal. If it were cerebral, we would expect the palsy to be partial in extent, upon one side, and also facial. This patient suffered from pain in the abdomen, now the abdomen is supplied by the sympathetic, and also by the dorsal nerves. Upon pressure upon the spine, between the shoulders, I cause him pain. I infer that there has been inflammation of the spinal marrow, not very high, but sufficiently so to impair its functions.

Prognosis.—Uncertain; if simply inflammatory, he may get well; but there may be softening of the cord, in which case our prognosis must be serious.

Treatment.—Two or three cut cups to spine, and a number of dry cups. His bowels are to be kept open. He is to have a nutritious, but not stimulating diet.

Service of Dr. Norris.

AMPUTATION OF THE LEG.

Last night, a man in a state of intoxication, was thrust from one of the city passenger railroad cars: he fell upon the track, and the wheels passed over his ankle.

Upon examination, the ankle joint was found opened, the tibia and fibula fractured.

Amputation of the limb was made at the lower third.

Upon dissecting the amputated limb, there was found in addition to the fractures above mentioned,—a complete fracture of the astragalus.

The operation preferred by Dr. Norris is the circular flap operation.

WEDNESDAY, NOV. 17TH.

Service of Dr. Wood.

INFLAMMATION OF THE BRAIN.

This man was brought into the house in a perfectly comatose state, his pulse, 130, with irregular movements of the leg, and twitching of the hands.

Diagnosis.—Inflammation of the brain.

Treatment.—Cupped freely—head shaved and blistered—purgative enemata, and as soon as he could swallow, purgatives.

His countenance is now expressive, pulse regular, and tongue furred.

Dr. Wood dwelt upon the efficacy of blisters over the scalp, when the patient is in a comatose state, and we can no longer deplete.

OBSTRUCTION OF BOWELS.

(See Report of Oct. 6th, p. 49.)

This patient had been in the surgical wards; the abdomen is much distended, and there is an impossibility of procuring alvine evacuations.

Examination per anum revealed some obstructions; a bougie could be passed up some seven or eight inches, when it would strike against some hard and firm object; with great effort the bougie could be passed through the obstruction.

We cannot decide in regard to the nature of this obstruction: it may be carcinomatous.

Question: what is to be done? Purge? Bad practice; we could not force an opening; we should only produce a retro-action, vomiting, even of fecal matter.

Indications are to quiet the passages and to liquify the contents of the bowels: this we do by opiates and mild laxatives. The bougie is to be daily passed through the stricture.

Prognosis.—If the stricture is the result of chronic inflammation, we may hope, but if carcinomatous, we can expect but temporary relief.

Ulceration might take place, and, for a time, restore the passage.

Another mode of affording temporary relief in these cases, is by opening the colon above the sigmoid flexure, making an artificial anus.

CHRONIC INFLAMMATION OF THE STOMACH.

Dr. Wood here took occasion to remark upon the beneficial effects of the nitrate of silver in chronic inflammation of the stomach: he gives from $\frac{1}{4}$ to $\frac{1}{2}$ of a grain three times a day—gradually increasing the dose to $\frac{1}{2}$ a grain, or even in some cases, 1 grain, never beyond this.

This patient may again be referred to in consequence of a serious disease—aneurism of the aorta.

ENTERIC OR TYPHOID FEVER.

(See Report of Nov. 10th, p. 130.)

This case has already been reported. When he entered the Hospital, he was almost comatose,—the jaw hung down; abdomen distended; involuntary discharges from the bowels and bladder, occurred.

The main remedy used, was oil of turpentine: ten drops every two hours.

The head was shaved and blistered; as the

blister produced its desired effect, the comatose condition disappearing, he is now almost well.

HYPERTROPHY OF THE HEART COMPLICATED WITH PHTHISIS.

Percussion in this case, revealed the existence of an increased area of dullness in the cardiac region. Auscultation—an abnormal loudness of the sounds of the heart.

The impulse of the heart was seen to occur to the left and above the usual spot. This fact was dwelt upon as confirmatory of the diagnosis: if the increased dullness were owing to pericardial effusion, the heart would not always strike the same spot, but would, in consequence of being surrounded by liquid, vary in the place and in the distinctness of its impulse.

PATHOLOGICAL SPECIMEN.

Dr. Wood presented a specimen of fatty liver taken from a man who had died in the surgical wards, from the combined effects of the irritation from a fractured limb, and the debility produced by intemperance.

The object in showing the specimen was to point out the common lesion found in drunkards, viz.: fatty degeneration of the liver.

Service of Dr. Norris.

The greater portion of the morning was consumed in showing a number of patients who had undergone operations, or who had appeared before the class upon previous occasions.

Among these were five or six cases of amputation: in nearly all, the stumps were nicely healing. The two cases of amputation recently performed by Dr. Norris are still watched with great solicitude, on account of the cerebral complication in the one patient, and intemperate habits of the other.

The man so severely burned, (Reporter, p. 112,) lies in a very precarious state. The severe gun-shot wound, (same page) is progressing so far, favorably, but it is still doubtful whether the limb will be saved.

Dr. Norris then operated upon a child for aneurism by anastomosis.

The growth was situated upon the forehead.

A ligature was firmly drawn around the base of the tumor, so as to cut off the supply of blood.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

WEDNESDAY, NOV. 10.

Service of Dr. Henry H. Smith.

RELAXATION OF THE INTERNAL LATERAL LIGAMENT OF THE KNEE JOINT, OR KNOCK KNEES.

A boy, five years old, presented this deformity to a great degree, the right limb being more affected than the left.

The affection was congenital, but was increasing daily, and already interfered seriously with the progression of the child.

In cases so marked as this, it was not a question of mere comeliness, that was presented to the surgeon, but the future usefulness of the patient and his ability to earn a livelihood, was involved.

It would not do to leave such cases without treatment; time so far from benefiting, would daily increase the inconvenience experienced.

As to the nature of the affection in this patient, it consisted in an original relaxation of the internal lateral ligament of the knee joint, with more or less subsequent displacement of the internal semilunar cartilage. As the child grew in size, however, more serious modifications would probably occur, involving a shortening of the external, as well as lengthening of the internal lateral ligament; alteration in the parts of the articular surfaces brought in contact, and in the whole shape of the condyles of the femur and of the head of the tibia.

If such a case was permitted to progress, by the time adult age was attained, a condition would be established, which the surgeon might in vain endeavor to remedy. But if the treatment be commenced at an early age, as we have the opportunity of doing here, a cure can generally be effected. An apparatus must be applied to each limb, consisting of an ordinary shoe, with an iron support on each side, jointed opposite the ankle and the knee, and secured by padded bands. On the inner support, a pad, moveable, by means of a screw, must be so arranged that it can be brought to bear upon the inner side of the limb, so as to carry the knee outward.

Not merely will the limb be brought temporarily straight by this apparatus, after it has been applied a reasonable period of time; but as the child is growing, the articular surfaces and the surrounding parts will be so modified as to enable us ultimately to dispense with the further use of the artificial support, and the patient will be completely cured.

ANCHYLOSIS OF THE KNEE JOINT.

A young lady, aged sixteen years, had suffered, in her third year, from inflammatory affection of the left knee joint and the surrounding parts. Numerous large cicatrices near the joint indicated the violence of the disease. The parts below the knee had not developed fully, and the limb was hence about 3 inches shorter than the opposite side.

She has tolerably free flexion, but is unable to extend the leg, which, with the shortening, renders her very lame.

The patella is adherent.

Her mother stated that shortly after the commencement of the disease, the child was taken to a "natural bone setter," who, pretending that the trouble was due to the bone being out of place, used great violence, which much aggravated the symptoms, abscesses forming in various parts of the limb shortly after. No pieces of bone, however, had been discharged.

There was at the present time no tenderness or uneasiness about the joint, but the lameness resulting from the shortening, and imperfect extension of the limb was such that the patient was unwilling to submit to any operation that might offer a prospect of benefit.

In such a case it was stated that the danger of attempting to overcome the partial ankylosis by producing forcible extension was too great to permit such an effort to be made. Extensive suppuration in or near the joint might result; or if adhesions existed between the popliteal artery and the bone, serious consequences might occur more immediately.

The only operation suited to this case was that of Dr. J. Rhea Barton, of Philadelphia, which consisted in exsecting in front a V shaped piece of the shaft of the femur, thus permitting the limb to be brought straight, and to be retained in that position until union occurred.

But should the patient be exposed to this severe operation, and it resulted favorably, she would still be lame, on account of the shortened state of the leg. She would then have to wear a thick soled shoe.

It was to be observed also that the flexion of the limb was not so great but that the toes of the patient reach the ground when she stands upright, and if the foot be fitted with a suitable shoe, she will walk very nearly as well as we could make her do after exposing her to a severe and dangerous operation.

The shoe should be made with a false sole

of cork, so much thicker at the heel as to have the effect of a high-heeled shoe, the cork being placed inside instead of outside the sole, so as not to attract attention.

The patient's foot would rest upon an inclined plane which would serve as the basis of support. This form of shoe was much better because less noticeable than the usual form, in which the heel is exterior to the shoe.

FIBRO-CELLULAR TUMOR OF THE BACK.

A German, aged 37, presented a moveable tumor, about the size of a large walnut, on the right side, near the angle of the ninth rib. It was exceedingly firm, and was attributed to a blow received about a year since. Too firm for an adipose tumor, it was probably of the fibrous variety. A longitudinal incision was made, and the tumor having been dissected out, the edges of the wound were brought together with a suture and adhesive plaster, covered by a cerate cloth and compress, and retained with a few turns of a roller.

The tumor removed consisted of three lobules connected together and enclosed in a dense tunic of areolar tissue. A section was yellowish and semi-transparent, and yielded on pressure an abundant transparent albuminous liquid.

It was referred for further examination to Dr. Woodward, who informs us that the whole growth was composed of connective (white fibrous) tissue in various stages of development; embryonic elements (fibre cells) predominating. The albuminous liquid above referred to, is abundant in these growths, which are generally exceedingly succulent.

Besides the above, an *encysted tumor of the forehead* was extirpated, and a case of *enlargement of the bursa beneath the tendon of the triceps extensor cubiti*, with some others of minor interest, were exhibited to the class.

SATURDAY, NOV. 13.

Service of Dr. Henry H. Smith.

CHRONIC SPRAIN OF THE ANKLE JOINT.

A young girl, aged thirteen years, had, for upwards of a year, suffered from an affection of the right ankle. The ankle was exceedingly painful, especially after walking. The internal lateral ligament was much relaxed, permitting the foot to incline outwards so that the patient walked upon its inner margin. The scaphoid bone was unnaturally prominent.

This condition of the foot was the consequence of the laborious occupation of the child, who for some time previous to the occurrence of the deformity, was engaged in a factory, and worked a treadle with the foot.

For upwards of six months, however, by the advice of her physician, this occupation had been abandoned; but no improvement had taken place, and counter irritants had been vainly employed to relieve the pain.

The judicious treatment of such a case as this was exceedingly important. If the surgeon fails to relieve the disorder, it will ultimately result in such a change in the articular surfaces of the bones, which are now rapidly developing, as will lead to a permanent alteration in their conformation, and the patient will be hopelessly lame.

The following plan was deemed most desirable for this case. The foot will be fitted with a shoe, similar to that employed in club-foot, by which it can be gradually brought to the normal position and retained there until the further development of the growing bones shall mould the parts to their proper form and render further support unnecessary. At the same time, powerful anodyne liniments must be employed to allay the pain. The following formula was directed for immediate use.

R. Lin. Sapon. Camph., ℥iv.

Tinct. Rad. Aconit. Saturand. ℥j. M.

S. Apply frequently with moderate friction.

The condition presented in this case must not be confounded with synovitis. There was here none of the tenderness upon pressure, or of the swelling due to exudation which can be observed in chronic synovitis, and the redness and heat of the acute variety were quite absent. It was hoped that the means adopted would be sufficient to result in a complete cure.

HUGE MAMMARY ABSCESS.

An Irish woman, aged about 35 years, had suffered nine weeks from an inflammatory condition of her left breast, which had terminated in the formation of an abscess. The breast was distended to about twice its natural size, and fluctuation was distinctly perceptible. Abscess of the breast might, it was stated, occur in two situations. The principal accumulation of pus might be between the lobules of the gland itself, or it might be behind the gland, between it and the fascia of the pectoral muscle. The latter was believed to be its situation in this case.

When the accumulation of pus was thus

situated, it was necessary that the surgeon in evacuating it should make his incisions deep enough. It was not enough merely to puncture the skin; the blade of a bistoury should be carried through the skin and fat, to the necessary depth behind the gland. As a general rule it was best that the incision should be made from below, because it would afford free exit to the pus which would accumulate again from time to time, if the opening were made above the gland.

A bistoury was now introduced from below, and carried well up behind the gland, or between it and the pectoral muscle. Through the incision thus made, upwards of a quart of healthy pus was evacuated. After its discharge a compress was placed upon the breast, and firmly retained by a roller bandage.

Besides the above, a well-marked case of *acute eczema* of the scalp and surface of the body; an *abscess* on the side of the neck, of three months' standing, a case of *synovitis* of the elbow-joint, and other cases which have escaped our memory, were presented to the class.

JEFFERSON COLLEGE HOSPITAL.

WEDNESDAY, NOV. 10th.

Service of Dr. Gross.

SYNOVITIS.

A man about 30 years of age, presented himself, suffering from an affection of the knee-joint, consequent upon an accidental blow upon it while gunning. There is inflammation involving the synovial membrane of the articulation. Frequently in these cases we find increase in the quantity of synovial fluid, as well as a marked change in its qualities. If the inflammation should be more severe, plasma may be thrown out, or suppuration and a purulent collection in the cavity of the articulation supervene. From the appearance of the knee under consideration, more or less inflammation exists in the parts exterior to the joint. There is no discoloration of the surface, but there is preternatural heat, and an aching pain is felt, especially at night. On examining his mouth, we find evidence of the previous discharge of several pieces of bone. This fact assists the diagnosis, and there is strong reason for believing that the inflammation of the knee-joint is connected with constitutional disease, either scrofula or syphilis, probably the latter. The indications for treatment are clear. Violent inflammation might supervene, if the joint should

be opened, and fortunately such a mode of treatment is not necessary. The presence of pus in the cavity is not at all indicated constitutionally. Recumbent posture, relaxation of the limb, light diet, the application of a blister eight inches in diameter, retained in place for ten or fifteen hours, so as to produce complete vesication; the blistered surface to be sprinkled with three grains of morphia, to prevent pain and strangury; warm water dressings;—will constitute the treatment. Rest is the *sine qua non* in such cases. Every other night he must take a pill composed as follows:—

R. Pilul. hydrargyri. gr. x.
Ipecac. pulv. gr. i.
Extract. colocynth. comp., gr. v. M.

And once a day,

Hydrargyri chlorid. mitis, gr. ij.

UMBILICAL HERNIA.

David F., aged 20 months, presented a conical tumor at the umbilicus, which appeared as if inflated by every effort of crying, but is easily reduced by pressure. Crepitation exists, which shows that it is a protrusion of the intestinal canal. There is no hernia of the omentum. This case—one of umbilical hernia—has lasted about nine months. A truss must be worn, but not as a means of radical cure. The operation adapted to effect this end, would be to pass two or three needles through the edges of the umbilicus, and then apply the twisted suture, as in hare-lip, thus producing adhesive inflammation and obliteration. But such an operation is not devoid of danger, as peritonitis would probably supervene, if that serous membrane should be accidentally included in the ligature.

FUNGUS HÆMATODES.

Martin W. C., 20 years of age, from Carbon County. Last Christmas he first observed a tumor on the left side of his face, which had continued to increase rapidly, until, at the present time, the whole of the face on that side, and part of the lips, are involved as well as the lymphatic ganglions of the neck over the parotid gland. The eyelids are œdematous, and the eyeball is protruded; there is obliteration in the left nostril, which cannot positively be diagnosed to involve the antrum highmorianum; and the tonsils are enlarged and pushed to the right side of the throat, so as to encroach on the fauces. A hard tumor is present under the chin, which is smaller, however, than the other. The lymphatic vessels

in this vicinity are markedly affected also. There is no constant pain in either of the tumors. No cause is assigned by the patient for their appearance, except, perhaps, exposure to wet while working on a canal.

This case has the characteristics of encephaloid disease, and an operation could not be attended with favorable results. The loss of blood would be very great from tumors so vascular, and it would be impossible to extirpate the whole mass. Fibrous tumors occur sometimes in this region, but this has not the external appearance of that class, being rather a specimen of the malignant heterologous growth, called fungus hæmatodes. The treatment must be directed to the support of the constitution by tonics, &c., and to the relief of pain, by anodynes.

VASCULAR FIBROID TUMOR.

Eliza D., aged 22, a young, married lady, has had, for two years, a soft, fluctuating movable tumor on the right cheek, which, from the absence of any enlargement of the subcutaneous veins, or discoloration of the skin, is assumed to be non-malignant. Fluctuation is sometimes a deceptive symptom, as tumors, which do not contain pus, often assume this appearance.

An exploring needle, introduced into the tumor from without, moved about as if in a cyst or cavity. Blood issued upon three successive introductions of the needle at different points of the surface. No pulsation to induce a suspicion of this being an aneurism, can be detected; and there are no symptoms of aneurism by anastomosis. The issue of blood followed the introduction of a larger instrument upon the inner surface of the cheek.

The diagnosis is not easily made out. The case has not all the characteristics of a vascular tumor, so called, but it is certainly a vascular form of tumor. To extirpate it, it is important that the incision should be made through the mucous membrane or the interior of the mouth, so as to avoid a scar externally. There is, apparently, no connection with the antrum, but such a condition might exist. There has been no pain in the jaw, and no obstruction of the nostrils.

Notwithstanding a certain amount of obscurity in the diagnosis, the propriety of operating is unquestionable. Care must be taken not to interfere with the duct of Steno, which opens into the mouth opposite the second upper molar tooth.

The tumor was removed, and, as was afterwards exhibited by microscopic examination, was a form of fibroid non-malignant growth.

SATURDAY, NOV. 13TH.

SCIRRHUS OF THE SUBLINGUAL GLANDS.

A man, aged 55 years, was brought in who had been suffering for seven or eight months, from a tumor involving the sublingual glands, in which there is occasionally considerable pain. The whole surface involved is not larger than a marble, and no increase or diminution has taken place in it during the past six or eight weeks. It is unaccompanied with tumefaction of the submaxillary glands.

Affections of the sublingual glands are of rare occurrence, and malignant disease—such as this appears to be—very unfrequent. This tumor feels like scirrhus enlargement of those glands, and has originated and increased to its present size without any assignable cause. There are several decayed teeth, but it is probably unconnected with any such defects. The tumor extends about equally on both sides of the mesian line.

In removing the mass, branches of the lingual artery must be divided, and their section may give rise to a considerable amount of hemorrhage, so as to require the use of the actual cautery. The tumor being removed by the scalpel, the hemorrhage was checked by the styptic application of the tincture of the perchloride of iron.

VARICOSE ENLARGEMENT OF THE LEG.

—, aged 40 years, has had an enormous enlargement of the vessels of the left leg from early childhood, extending from the toes to above the middle of the leg, and occasionally giving rise to exacerbations of pain. When pressure is applied by means of a bandage above the part affected, the veins become as large as a small intestine. The foot has a stunted appearance in consequence of disease of the toes, two of which are adherent, and there is a deep ulcer with abrupt edges on the great toe. A peculiar aneurismal pulsatile thrill is felt along the limb on all its surfaces, and a distinct bellows-sound, when the ear is applied, as if blood was passing from the arteries into the veins. The veins involved are branches of the internal and external saphenous, but the arteries of the leg are probably enlarged also. The motion of the vessels is visible, especially on the outside portion of the limb.

It is impossible to say positively what com-

munication or relative arrangement may exist between the two sets of vessels. There is no enlargement of the veins in other parts of the body. The capillary vessels are probably very much hypertrophied, and in this respect, an analogy exists to aneurism by anastomosis. The affected limb is longer than the right by an inch and a half. This indicates hypertrophy of the vessels in length as well as in breadth, which gives rise to a hypertrophy of the limb in length rather than in diameter, both legs being of about the same breadth. The bones are, probably, relatively larger also.

The case is altogether an uncommon one, and care must be taken in regard to surgical interference. It will be brought again before the class in a short time.

NECROSIS OF THE FEMUR.

A patient was brought in with necrosis of the left femur of five years' standing and considerable ankylosis of the knee. There has been no constitutional disease in his family, and no other cause is assigned by the patient than injury consequent upon jumping off a haystack. The knee and thigh are very much enlarged, and on the inner surface of the latter are several sinuses, from one of which there is a discharge of sanious pus. Some of the sinuses are cicatrized, and into one, now open, a probe may be passed to the depth of four or five inches, when it comes in contact with dead bone, which it will be necessary, if possible, to remove. Pieces of dead bone have already been discharged.

The patient was chloroformed, a wide incision made down to the bone, and the dead portions, which were accessible, were removed. Care was requisite to avoid wounding the femoral artery, which lay in the vicinity. Whenever we have long-standing sinuses with nipple-like edges, presenting an appearance similar to those in the case before us, we may assume that there is almost invariably disease of the bone, either caries or necrosis. The latter affection—mortification of the osseous tissue, is what we have to deal with at present; its cause is unknown, but most probably it is dependent upon a concealed scrofulous constitution.

INFLAMMATION OF THE VAGINA.

A child four years of age has had for some time vaginitis—with discharge of pus from the

vulva. There is pain and swelling in the vaginal region, for which no cause is assigned by the mother. These parts are liable to inflammation, caused at such an early age, by the irritation of worms, disordered digestion, &c. It is to such cases as the present, when the child has become a little more advanced in age, that medico-legal interest sometimes attaches, in regard to the causes of the inflammation, etc. A question of rape often turns upon the evidence of a medical practitioner as to the origin of such morbid conditions, and there is at times, unhappily, no little discrepancy in the testimony of medical witnesses.

This case must be treated by recumbent posture, purgatives, bland diet, the injection of argenti nitras (gr. $\frac{1}{4}$ to $\frac{1}{3}$ of water) by a large syringe three times daily, and the separation of the labia by lint dipped in a strong solution of acetate of lead. If the child was more robust, tartar emetic internally might be advantageously added to the treatment.

One or two other cases were presented to the class, the results of former operations, which were proceeding rapidly towards recovery. An abscess in the groin, of syphilitic origin, was opened; and a small adipose tumor removed from the eyelid by a longitudinal incision.

PHILADELPHIA COLLEGE HOSPITAL.

WEDNESDAY, NOV. 10.

Service of Dr. Halsey.

EPITHELIAL CANCER.

A man, æt. 54. Has an ulcer under the tongue, which first made its appearance three months since, in the shape of a small blister, which he opened with a needle. There has been a considerable amount of pain, which is of a burning character. The central part of the ulcer is depressed or excavated, while the edges are irregular, nodulated, thickened, and elevated. The whole ulcer is also very firm and hard. About two-thirds of the sublingual space is occupied by the diseased part. The irregular, hard, knotty, and elevated condition of the edges, the peculiar kind of pain, together with the fact that the ulcer rests upon a hardened base, all show pretty conclusively that it is a malignant disease. This being the case, there remains but one kind of treatment which is to remove it. The whole of the diseased part was then carefully dissected out, great care

being taken that none of the hardened mass should be left.

CARIES OF THE TROCHANTER MAJOR.

A man aged about 55. Has a fistulous orifice below the trochanter major, at a distance of about four inches from this process. The discharge coming from it is purulent and fetid, sometimes small particles of bone pass away. The patient walks lame, and says at times he is obliged to lie by, in consequence of the pain it gives him. He says he fell upon his hip about thirty years ago, and immediately it inflamed, gathered, and broke, and has continued to discharge more or less ever since.

Upon introducing a probe, although it can be carried upwards several inches, no dead bone can be detected; the rough and gritty feel communicated to the probe whenever necrosed bone exists, is in this case entirely wanting. The fact that the trochanter is the part diseased favors the idea of caries, as this disease is mostly confined to the spongy portion of bone, while necrosis is usually found in the more compact portion. This, however, is not always the case, as we sometimes find caries in the shafts of the bones, and necrosis in the extremities. The patient was brought before the class a few weeks ago, and was told to use the following prescription:—

R. Inf. sarsap.
" mezereon.
" dulcamara, aa Oj.
Potass. iod. ʒij.

Take a wineglassful three times a day.

He was also advised to remain as quiet as possible.

To-day, he says he is much better than he has been for several months. The same treatment was ordered to be continued.

STRICTURE OF THE URETHRA.

A man, aged 33. Has had a difficulty in passing his urine for nine months; says he had a clap which he treated by zinc injections, and thinks this to be the cause. Upon examination, the stricture was found to be located half an inch from the meatus. The patient was first brought before the class about a month ago, then a No. 2 bougie (English size,) was introduced. He has since had bougies introduced every week until now; a No. 13 can be easily entered. The patient, after being directed to use a large bougie occasionally, was discharged cured.

Reviews and Book Notices.

The Modern Practice of Midwifery. A Course of Lectures on Obstetrics: delivered at St. Mary's Hospital, London, by WM. TYLER SMITH, M. D., Member of the Royal College of Physicians; with an Introductory Lecture on the History of the Art of Midwifery, and Copious Practical Annotations, by AUGUSTUS K. GARDNER, A. M., M. D., etc., etc. Illustrated by 212 Engravings. New York: ROBERT M. DE WITT, Publisher. Pp. 760.

In noticing a work, the reviewer should not only give his ideas of the text, but of the *style* in which it is given to the public; and more especially, if it be issued in a manner which is particularly creditable, or the reverse. Now, this work is copiously illustrated, we had almost said disfigured, by a number of woodcuts of the most wretched character. In a cursory glance at a work as important as this purports to be, such things are not at all calculated to impress one favorably. Better no illustrations at all than bad ones.

Apart from this, the original lectures, though previously quite valuable, have been much improved by the additions of Dr. Gardner. We notice that he has been fully awake to all the improvements, etc., on this Continent and elsewhere, and has added freely, from various monographs, and other writings, which have, from time to time, made their appearance. Thus, on the subject of "changes in the cervix uteri," he has added the views of Stolz, which have received the sanction of many of the most eminent physiologists of modern times. To abortion, he has added a few remarks on colpeuryesis, which is now becoming of much importance.

To the subject of funis presentation, we find he has added the valuable ideas of Dr. T. G. Thomas on "postural treatment," with the cuts to illustrate it, to which we have previously alluded at some length in this Journal. To the chapter on post partum hemorrhage, Dr. G. has made a very lengthy and valuable addition, rendering this portion of the work much more complete. Nor are these all; in many points, he has materially improved

the original by additions which, though small, would have been much missed by the reader.

The name of Dr. Wm. Tyler Smith is sufficient to cause us to look favorably upon a work to which it is attached; but in this instance the book itself, by the excellent manner in which each subject is detailed, the happy expressions of the author, produces at once a feeling in its favor which is continued throughout the whole. Dr. Smith states his views distinctly and boldly, thus allowing the medical world to judge of them, without any difficulty as to his meaning, or liability of a misinterpretation.

In some things, he materially differs from many of his brethren, and as these points are yet *sub judice*, he cannot be condemned for presenting his own views, and urging them with all the talent he can command.

On the subject of *placenta prævia*, he considers *turning* the "great operation." He touches on the artificial extraction of the placenta, and though he considers the theory of Dr. Simpson as quite untenable, yet looks favorably upon this treatment in certain cases.

He says: "I believe the separation and extraction of the entire placenta the best practice in those cases in which it is attached all round the os uteri, and in which the exhaustion is so great as to render some more rapid attempt at assistance than the operation of turning imperative. In some of these cases the patient would be killed by turning, if the hemorrhage were going on simultaneously with the operation."

But we are unable, from the size of our Journal, to give an extended review of this truly valuable work, nor is it necessary or desirable. We consider it a decided addition to our obstetrical library, and would much like to see the American editor, Dr. Gardner, instead of bringing forth foreign works in an American dress, issue a work of his own on this branch. He is abundantly qualified, as the additions to the present work alone would testify, and we hope it will not be long before he will commence that labor.

Transactions of the Third Session of the Medical Society of the State of California; convened at San Francisco, February 1858. Pp. 168.

We consider a volume like the above a good index of the energy and talents of the profession of the State, though we are sorry to say that, in many older States, the Societies are hardly a fair exponent of the medical profession within their limits. Too often do our brethren find some excellent reason for not attending to the State Society, and thus much of value is lost to the profession. We confess that we have always looked upon the County and State Societies with much favor, considering them as the ground-work upon which are built up the various pillars to support the dome, or capital, the "American Medical Association."

First, we have the Annual Address of the president, Dr. Henry Gibbons, of Oakland, and we consider Dr. G. has done "about the right thing." It is a capital affair, and well worthy of perusal.

Next, we have the "Report on Topography, Meteorology, Endemics, and Epidemics," by Thomas M. Logan, M. D., of Sacramento; and this is most important, and has been thoroughly and carefully prepared, being copiously supplied with diagrams, tables, etc., giving a large amount of valuable information for the profession, not only of that State, but of the world.

Dr. J. P. Whitney, of San Francisco, presents from his committee a "Report on Practical Medicine, Medical Literature, and Hygiene;" which, together with an article on "Malarious Influence and treatment," by Dr. Ira E. Oatman, of Sacramento, makes a short but valuable paper, and one which presents much of interest.

Dr. A. B. Stout, of San Francisco, presents a paper on "Tracheotomy," with a drawing to illustrate his idea of a canula.

Dr. J. Blake, of Sacramento, contributes an article on "Diphtheritis."

Dr. E. S. Cooper read a paper on the "Results of Surgical operations in California," which gives an account of some very important and interesting surgical cases, as follows: Se-

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vere injury of the abdomen; osteo-sarcomatous affection; exsection of bones and joints; scalds, burns, wounds, and a case of fibro-cartilaginous union of the uterus, its removal, recovery; injuries, and operations of the chest; collodion, applied to the radical cure of hernia; ligating the arteries with their satellite veins. [We hope, in some future numbers, to present some abstracts from many of these valuable papers.—Eds. M. and S. Rep.]

Next comes a "Report on Obstetrics and Diseases of Women," by R. Beverly Cole, M. D., of San Francisco.

Dr. C. B. Holbrook, of Moquelumne Hill, contributed a paper on "Epileptic Eclampsia."

Dr. S. M. Mouser, of Sacramento, presented the "Report on Medical Education."

Dr. F. P. Wierzbicki read a paper on the "Poison Oak, (*Rhus Toxicodendron*.)"

Lewis Lanszueert, analytical chemist, contributed a "Report of an Analysis made in a case of Poisoning by Cyanuret of Potassium," with a plate.

Dr. Lorenzo Hubbard, of Marysville, delivered a lecture on the "Condition of Medicine among the Ancients."

In conclusion, we have the report of the Corresponding Secretary; the whole making a volume containing much of value, and evincing a great amount of labor and talent in our Pacific brothers.

We are pleased to see that Dr. Logan has had such inducements held out to him that he is about to revive the *California State Medical Journal*. We wish him much success in his project.

Editorial.

LEGISLATIVE PROTECTION.

We see it stated that a committee has been appointed by the State Medical Society of North Carolina, to petition the Legislature for the establishment of a State Medical Board—of examiners, we presume.

We can assure our North Carolina friends that they have little—very little good to ex-

pect from legislative action bearing on the medical profession. It has been the experience of the profession in this region, that legislatures will pass two laws to degrade the profession, where they will pass one to protect it. And where good medical laws have been handed down from past generations, their action has been modified by supplements, until they have become the protectors of quackery in its worst features.

In our opinion, it is folly for the medical profession to look to our State Legislatures for the enactment of protective laws. Very few of these bodies are guided in their action by regard for the public good, but they are rather the creatures of circumstances, some of them of a very disreputable nature too. We have seen poor miserable wrecks of humanity walking the public streets, begging the signatures of passers-by to a petition to break down a "monopoly of a medical law," and have seen such petitions succeed in destroying the best medical law probably that ever found a place in any of our statute books.

The medical profession must look to *itself* for protection. We have an organization, which, if we are true to it, is capable of giving its members a position that will elevate them above the need of legislative protection. But we shall return to the discussion of this question. In the meantime, we can tell our brethren in North Carolina and elsewhere, that in seeking legislative protection they are putting themselves in the position that Rome did when she sought protection at the hands of Odoacer, prince of the Heruli.

OPIUM EATING.

The evils resulting to our race from the practice of opium eating, are sufficiently grave to enlist the sympathies of the philanthropist. It is believed that the habit is growing upon us, and it offers the physician the opportunity of studying the effects of this drug upon the health and the mental powers of those who use it.

We have received the following circular, on

the subject, from Dr. W. H. MYERS, of *Londonville, Ashland Co., Ohio*, and commend it to the attention of our readers, hoping that they will communicate to Dr. Myers such information as they may be possessed of.

DEAR SIR:—Believing the habit of opium eating, or taking it customarily for its stimulant action on the nervous system, frequent in this country among different classes—we deem it a proper subject for medical investigation and report.

We, therefore, address to you the following interrogatories, hoping you will favor us with early replies.

- State number of cases observed?
- State causes leading to its excessive use?
- State length of time had recourse to?
- State amount consumed in twenty-four hours?
- State cures effected, if any?
- State treatment pursued?
- Does it shorten life?
- State its effects upon moral conduct?
- State its effects upon mental action?

SUGGESTIONS FOR THE INVESTIGATION.

- a On the nervous centres.
- b On respiration.
- c On circulation.
- d On secretion.
- e On digestion.
- f On locomotion.
- g On nutrition.
- h On physiognomical expression.

A GERMAN DISPENSARY.—We understand that the German physicians of this city have established a dispensary, located for the present on Noble Street, two doors above Fourth, which is open for the reception of patients every day, except Sunday, from 12 to 2, and from 6 to 7 P. M. Prescriptions and operations gratis. An arrangement has also been made with the German apothecaries to furnish medicines to those prescribed for at the dispensary, at one-third the usual charges.

As we have a very large German population, many of whom are in circumstances that will not permit of their paying for the services of a physician, this enterprise promises a large field for usefulness.

In two or three weeks we shall, at the suggestion of many friends, republish, in an amended form, the article published in our

first number, in regard to the medical schools, hospitals, etc., etc., in this city. This will enable those interested to make any corrections that may be called for, and we trust that they will attend to the matter immediately, as we wish to have this article as perfect as possible.

As we shall publish a large extra edition, this will give advertisers, who wish to reach the country practitioners of the South and West, an excellent opportunity of doing so.

Periscope.

NITRIC ACID IN THE TREATMENT OF HEMORRHOIDS.

The *Buffalo Med. Journ.*, among the proceedings of the "Buffalo Med. Association," has a number of cases of hemorrhoids treated by the application of nitric acid, as reported by Dr. Gould. In the first case, there were a number of the tumors, from the size of a pea to that of a pigeon's egg. After an enema of warm water, the tumors were forced down as much as possible by straining, and then strong nitric acid applied by means of a brush, an assistant holding open the nates, while the patient lay on a bed, with the face downwards. After a quarter of an hour, oiled lint was applied, and the parts returned. He was kept quiet, and Dover's powder administered. In eight days, the tumors were reduced about one-half, and hardened; the acid was again applied. Cold bathing was directed, and an ointment, as follows; to relieve the itching and uneasiness in the rectum.

R. Lard, ʒj.
Nitric acid, gtt., viij.
Acet. plumb., ʒj. M.

Apply, morning, noon, and night.

Two days after, the itching had ceased, and the tumors were very much reduced in size, and the parts assuming a natural and healthy appearance. Used cold water enema to move the bowels. Very little blood was lost after the first application, and he has enjoyed good health since, without any return of the disease.

The other cases were very much the same. It was remarked that the action of the acid appeared to shrivel them almost immediately, and the pain of it was comparatively slight.

Dr. Flint, who had been present at some of the applications, considered it "as one of the most effectual and painless operations for hemorrhoids, and infinitely preferable to the op-

ration by ligature; and though it would not be applicable in all cases, it seems to him that it would be effectual in most of them."

TREATMENT OF PARALYSIS OF MOTION.

In a former number we reviewed at some length, a monograph, by Dr. J. P. Batchelder, of New York, on this subject, and our attention is again called to it by an equally valuable and interesting paper by Dr. C. F. Taylor, of the same place, which is presented to us in the *American Medical Monthly*. Dr. Taylor, after some valuable remarks on the prognosis, etc., says: "I regard the exhibition of strychnia, in the first stages of paralysis, goading up the nervous system, already completely exhausted, as being particularly harmful. It adds nothing to the capacity of the nervous system, while it still more completely overwhelms it." Every hygienic means should be brought to bear, and special attention should be paid to diet. The patient should be kept in a pure atmosphere, and cleanliness enforced; while such special medical treatment as is indicated, thus, to absorb the clots or effusion, support strength, etc., be employed at this stage. Relieve œdema of the extremities by kneading and pressure on the soft parts. Many cases entirely recover, but the majority get to a certain point, and there stop.

The principal indication is to re-establish the connection between the muscles and the brain, and this is to be done by the *use of the muscles*.

The patient being placed so as to avoid all voluntary muscular exertion of other parts, that is, in a semi-recumbent posture, well supported, his attention is directed to the motion to be made, and at the moment he makes the effort, the limb is carried in the direction, as if it had been the result of his muscular exertion. By this means, a new action is set up in the limb, the muscles have been brought into play to a certain extent, and the brain acted upon at the same time. These movements must be gentle, and not too many at a sitting. Kneading of the muscles has also a beneficial effect in the interior, by restoring the circulation, etc. When paralysis arises from congestion of the dura mater, or any abnormal nutrition of the envelope of the cord, improvement will be made by inducing a higher nutrition in the contiguous muscles of the back, which may be accomplished by flexion of the back, bringing into action the dorsal muscles. Next we have an annoying complication in the paralysis of the bowels and bladder. In constipation thus

produced, we must act through the capillary circulation and innervation of the parts.

The patient being laid upon his back, his arms held above his head by an assistant, make a rapid shaking or vibration of the abdomen and its contents, with the hands laid flat upon its surface; follow this by kneadings along the course of the colon.

For paralysis of the bladder and sphincter ani, the thighs being flexed upon the trunk, make a vibration with a blunt stick upon the perineum. Of course, a treatment like this requires a certain amount of time and patience. yet in some cases the cure is remarkably rapid. Concerning electricity in such cases, Dr. Taylor considers that it may be a remedial agent, but it has not yet been placed upon a scientific basis.

SUGAR IN INJURY OF THE EYE FROM LIME.

The *Boston Medical and Surg. Journal* says, "*The Indicateur de Mayence* states, that a strong solution of sugar in water, dropped into the eye, is an excellent remedy for the severe injuries to that organ, caused by the accidental contact with particles of lime. The solution has the property of dissolving and removing the lime."

NEW MODE OF TREATING PURULENT OPHTHALMIA.—*The British and Foreign Medical and Chir. Review* gives the following abstract from *Annales d'Oculistique*. "M. De Condé, a Belgian military surgeon, dissatisfied with the present treatment of this disease, which seems to be very prevalent still in the Belgian army, lays down a new plan based upon the following considerations. 1. The greatest danger to the eye arises from the contact of the upper lid, which, inflamed and swollen, floods its surface with an acrid and corrosive pus. The excessive heat of the eyelid, the internal surface of which is rough and unequal, interferes with the nutrition of the cornea, while the acidity of the pus leads to its softening and destruction. 2. It is admitted that it is of importance to prevent the contact of inflamed mucous membranes by the interposition of an isolating body, such as charpie or wadding. This is seen in vaginitis, balanitis, and fissure of the anus. 3. This body, which may alone produce great amelioration, or even in some cases a removal of the disease, may exert a powerful effect if impregnated with an active agent. In this way lint, soaked in a concentrated solution of

acetate of lead, and placed between the glans and the prepuce, will cure gonorrhœa balanoposthitis within forty-eight hours. 4. Cod-liver oil exercises a powerful action in diseases of the mucous membranes, modifying and then suppressing their secretions. It strengthens the fibrous tissues of the eye and the cornea, and tends to prevent ramollissement. It is especially in ulceration and chronic ramollissement of this membrane that this double action is perceived. 5. The red precipitate ointment (four parts to 15 of lard and 15 of linseed oil) is an excellent substitutive agent, sufficing alone to arrest the disease when employed early. It is the best remedy for cutting short the ophthalmia of new-born infants. 6. A solution of the chloride of lime (30 parts to 200 of water) is an energetic modifier, neutralizing with certainty the virulence of the secretions. 7. Lastly, perchloride of iron exerts an instantaneous hæmorrhagic effect upon the hemorrhagic mucous membrane, and an indubitable modifying influence upon the mucous secretion. As an isolating body, M. De Condé, after trying various substances, gives the preference to wadding, as forming at once an inoffensive application, capable of imbibing and favoring the flow of the secretions, and of being impregnated with medicinal agents. A slip of the wadding somewhat longer than the transverse diameter of the eyelids, is brought opposite the palpebral aperture, and gently pushed up beneath the upper eyelid by means of the little finger, or a large probe." He relates some cases to show the rapidity of cure when these principles are followed.

THE PREVENTION OF LACERATION OF THE PERINEUM.—The *Brit. and For. Med. Chir. Rev.* gives the following views upon the prevention of laceration of the perineum, by Mattei, (Vierteljahrsschrift, f. p. Heilk, 1858.)

"It is especially necessary that the head pass the vulva in a favorable direction. This can only happen when it passes with the necessary degree of flexion, whilst the occiput passes under the pubic arch, the face has not yet quitted the pelvic outlet; first, when the upper part of the neck comes under the pubic arch, can the extension of the head (or the separation of the chin from the breast) begin. If the distension of the perineum begins too early, the head must pass the vulva with unfavorable diameters—namely, with the great oblique, or great or straight diagonal diameters. Such a passage easily causes laceration. Hence it is the task of the physician to prevent a prema-

ture distension by the head. This he effects by placing two fingers between the labia, or in some cases between the pubic arch and occiput, so as to bring the head downwards and outwards, at the same time laying the other hand on the hinder part of the perineum, upon which the face is lying, and pushes this upwards. This manœuvre is to be executed during the pains, which will thus protrude the head forwards in the requisite arc. A very simple means of expediting the birth of the head, consists in compressing firmly, the distended perineum with the whole hand. This resembles the squeezing out of the kernel from the cherry. On the passage of the shoulders, care must also be taken lest the two shoulders pass together."

Medical News.

MARRIAGES.

HANNA—HOYT.—In Deerfield, Mass., Nov. 9th, by Rev. Dr. Crawford, Dr. Wm. T. Hanna of Peoria, Ill., to Miss Sylvia W. Hoyt, of Deerfield.

HOLMAN—CARPENTER.—On the 8th inst., by Rev. Joseph Bagges, Dr. John B. Holman, of Douglasville, Pa., to Miss Emma Carpenter, of Roxborough.

HOUGH—McCUNE.—At the residence of H. B. McCune, Esq., on the 2d inst., by Rev. James S. H. Henderson, David Hough, M. D., of Allegheny County, Pa., to Miss Elizabeth Jane McCune, of Cumberland County.

McGARR—TORRENCE.—By Rev. I. N. McKinney, on the 9th inst., at the residence of the bride's father, Dr. James McGarr, of Pittsburgh, to Miss JENNIE, daughter of Dr. James Torrence, of Fayette Township, Allegheny County, Pa.

WILLIAMS—BINNS.—On Sunday evening, Nov. 14th, by Rev. J. G. Maxwell, Thomas C. Williams, M. D., to Miss Matilda C. Binns, all of this city.

DEATHS.

STANLEY.—At Lancaster, Pa., Nov. 18th, Dr. J. C. Stanley, in the 53d year of his age.

CRANIOLOGY.—An English gentleman, Lieut. Twyford, has taken a singular step in the way of promoting the study of natural history, more particularly in the craniological department, as instanced in his munificent contribution to the museum of Rouen. That capital of Normandy has just received in a barrel of rackee, (strong xx,) five heads of Sepoys, classified according to caste.

POLITICAL FAVORS TO DOCTORS.—Dr. Wm. Burton has been elected Governor of Delaware. The doctor is about 70 years of age, and practised in Milford in that state, about 45 years. We learn that he has always been respected, both as a practitioner and a gentleman. His election is sufficient evidence of the esteem in which he was held as a citizen.

Dr. Jetur R. Riggs, of Paterson, N. J., has been elected to Congress for two years from the 4th of March next. The governor of New Jersey, Dr. Wm. A. Newell, of Allentown, is a physician in active practice.

PROSPECTUS.

As first a Quarterly, and then a Monthly, the MEDICAL AND SURGICAL REPORTER has been before the Profession for *Eleven Years*, and has established a reputation for Independence and Utility which has carried its circulation to the most remote parts of our land. It is due to the organized profession of New Jersey to say that it is chiefly indebted to their countenance and support for the position it holds. In its *Weekly form*, the REPORTER will not swerve from its past independent and utilitarian course; but rather, profiting by the experience of the past, seek a closer alliance with the profession, laboring with renewed zeal in the cause of medical progress.

To this end, it will be an earnest supporter of our National, State and other medical associations. It will ever keep a vigilant eye on the profession itself, endeavoring, without fear or favor, to correct abuses of all kinds that come under its observation, by advising its readers of them, always seeking to advocate the *right*, and to put down wrong, either in, or against, the profession. A watchful eye will also be kept on the public, and every opportunity embraced to inculcate right views on the reciprocal duties of the profession and the public.

The *principal* object of the work, however, will not be lost sight of, viz.: to make the REPORTER a frequent and profitable means of inter-communication between the members of the profession. Original communications on medical subjects, with notices of new books, will always find a place in our columns, and a large part of each weekly issue will be devoted to reports of *Lectures* by distinguished Physicians and Surgeons; to *Clinical Reports* from Hospitals, etc., in this and other cities; and to *Reports of Medical Societies*, so far as their debates may be of general interest to the profession.

We shall also draw largely from the pages of contemporaneous Medical Journals, both domestic and foreign, giving weekly summaries of whatever passes under our eye of general interest to medical men. In fact, no means that we can command will be left untried to make our journal an able exponent of American Medicine and Surgery.

To enable us to carry out our plans creditably to ourselves and to the profession of our country, we solicit an earnest and hearty pecuniary and literary support.

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W. B. ATKINSON, M. D., } *Editors.*

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